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ABSTRACT

This paper is intended to assist people who work with persons having mental retardation to better understand what life is like for these individuals. The recommended training program is based on a case study approach, with guided experiences in small study groups led by trained leaders. Principles of training for group leaders are identified, followed by a discussion of the importance of the group developing a code of ethics to protect the confidentiality of the individuals being studied. Next, guidelines for selecting a person to study are offered, with each participating care giver studying one individual for an entire year. Group meetings are recommended on an approximately biweekly basis. Case study activities include: (1) writing descriptive behavioral anecdotes; (2) distinguishing objective from subjective observations; (3) identifying and listing recurring patterns of behavior; (4) selecting a pattern of behavior for analysis by the multiple hypotheses method; and (5) describing life experiences from the perspective of persons with mental retardation. Benefits of such case study activities are listed, including improved ability to objectively record and interpret behavioral materials, withholding of judgments about behavior when evidence is lacking, taking care to substantiate statements about behavior with evidence, willingness to seek the meaning or function of behavioral patterns, and knowledge and appreciation of the difficulties faced by people with mental retardation. (Contains nine references.) (DB)

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Learning To See The World Through The Eyes of Persons With Mental Retardation

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Abstract

Care givers are introduced to selected case study activities whose purpose is to help them gradually learn to see what life is like through the eyes of persons with mental retardation. The case study activities include (1) writing descriptive behavioral anecdotes, (2) distinguishing objective from subjective observations, (3) identifying recurring patterns of behavior, (4) selecting and analyzing a pattern of behavior by the multiple hypotheses method, and (5) describing life experiences from the perspective of persons with mental retardation.

Poster Presented at the conference:
"A Bold New Approach."
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Learning To See The World Through The Eyes of Persons With Mental Retardation

This presentation simulated selected case study activities used in a university sponsored inservice educational program that takes place at schools and other facilities every other week for a year or more. The case study activities are adapted from the work of Fritz Redl, Daniel A. Prescott and others (Brandt & Perkins, 1956; Commission on Teacher Education, 1945; Eliot & Gardner, 1985; Havighurst, 1973; Prescott, 1948, 1957, 1962). Prescott (1957) has written that the "program is *not* a course of instruction which participants receive. Rather, it is a *program of guided experiences* that participants undergo and through which they gradually learn to see school situations through the eyes of individual children" (p. 467). Adapting this perspective, the primary purpose of the case study activities is to help care givers gradually learn to see what life is like through the eyes of the persons with mental retardation. Participants are encouraged to remind themselves of this purpose as the case study activities of the program are pursued.

To carry out the case study activities, care givers organize themselves into voluntary study groups moderated by a member who is specially trained as a leader. Leadership training is required of anyone who wishes to serve as a leader, even of those who have been through the case study activities training.

Leadership Training

The leadership training is held at the site of the care givers who are initiating the case study activities group. A leadership group

should have a minimum of eight and a maximum of 12 participants who agree to serve as leaders and/or co-leaders at host facilities. At the end of the leadership training, the candidates will:

1. Understand the developmental tasks and goals that persons with mental retardation are trying to accomplish (Havighurst, 1972, 1980).
2. Recognize the problems persons with mental retardation face and must deal with in addition to meeting programmatic expectations.
3. Perceive the strengths of persons with mental retardation in terms of their backgrounds, personal relationships, interests, and learning capacities.
4. Have an understanding of what persons with mental retardation are up against as they work to accomplish their developmental tasks and goals.
5. Have some understanding of what care givers or programs have done and might do to help persons with mental retardation work on their developmental tasks and goals.
6. Have attained both conceptual and practical knowledge of the case study activities.
7. Have an overview of the tasks of group leaders in case study activities groups.
8. Have mastered skills that are helpful in leading small groups.
9. Be familiar with selected current scientific knowledge about the growth and learning of persons with mental retardation.

As a result of the leadership training experience, care givers will be considered qualified to lead and/or co-lead case study activities

groups over the period of a year. Group leaders' role is to:

- Behave in such ways that neither they nor others see them as instructors.
- Convene the group.
- Facilitate the case study activities the group must carry out.
- Know about group processes.
- Insure that every group member has an opportunity to participate.
- Prevent a talkative participant from monopolizing the group.
- Raise meaningful questions when a group gets bogged down.
- Value human beings, including every group member and every person being studied.
- Set the professional tone and the ethical standards of the group's activities.

Code of Ethics

The group develops a Code of Ethics to insure the protection and confidentiality of the persons being studied. At a minimum, the code should indicate that all information in the written case study records or presented during group meetings is to be kept confidential from nongroup members. It is recommended that groups review their codes of ethics at the beginning of each meeting. The following example of a code of ethics is taken from a case study completed in 1963:

1. Don't discuss case study subject outside of group.
2. Don't jump to conclusions.
3. Respect one another's opinions or judgments.
4. Keep material confidential.
5. Keep an open mind.

Selecting a Person to Study

Each care giver selects a person to study for the year. The person studied is one in whom the care giver is interested and is representative of the individuals with whom the care giver is involved. Information about each case study subject is gathered over time from the many sources available to the care giver such as daily observation, academic or creative work, cumulative care records, community environment, social gatherings, consultations with family and other professionals, etc. The collected information is entered in the form of objective written anecdotes in a bound notebook. This insures that the information given to the group members about a person being studied will be available for use during all the case study activities. Care givers confidentially share (read) the information about their case study subjects from the written records and work together analyzing it during bi-weekly group meetings. There are usually 18 two-hour bi-weekly group meetings during the year. Case study record building occupies the time of the group for about the first six meetings during which they learn to discriminate objective from subjective information.

Analysis of Case Record

There are three analytical or interpretive procedures that each care giver applies to the case study record during the year. These procedures provide the experiences through which participants deepen their understanding and insights about the behavior, development and learning of persons with mental retardation. The first procedural step, introduced at about the seventh or eighth meeting, is identifying and listing *recurring patterns of behavior*. Patterns are listed in

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descriptive terms when a *behavior* clearly occurs twice in the record and subsequent recurrences are noted by adding dates of occurrence. Chances are good that at least a dozen patterns will show up in any record, particularly if participants list the *behaviors* in discrete terms. The following are examples of recurring patterns of behavior from the case of Jay (not his real name):

1. Jay walks up to the teacher and asks questions or just talks to her. 9/25, 10/9, 10/15, 10/15, 10/22, 11/3, 11/19, 12/14, 2/1, 2/2, 2/5, 3/2, 3/8 and 3/21.
2. Jay smiles. 10/12, 10/15, 10/19, 11/3, 11/10, 11/19, 2/1, 2/10, 3/7, 3/8 and 3/21.
3. Jay puts his head down. 10/19, 11/3, 2/5, 2/10, 3/22 and 4/4.
4. Jay looks at the floor. 10/19, 11/3, 2/5, 2/12, 3/22 and 4/4.
5. Jay likes to get work finished. 2/10, 2/12, 3/3 and 3/23.
6. Jay talkes about lifting weights. 2/19, 3/3, 3/7 and 3/8.
7. Jay talks about his father. 2/19, 3/2, 3/3, 3/7, 3/8 and 3/21.
8. Jay has trouble with directions. 10/15, 11/3, 2/1, 2/5, 2/12 and 2/22.

The second procedural step is *selecting a pattern of behavior for analyses* by the multiple hypotheses method. Any clear *pattern of behavior* that is of interest or challenge to the participant may be selected. The analysis of a *behavioral pattern* involves two tasks: (1) making and listing all possible reasons for the behavior (multiple hypotheses) stated in the most specific and testable form possible; and (2) validating the hypotheses by reference to the facts contained in the case study record. The case study record is read anecdote by

anecdote to identify and record facts which support or refute the various hypotheses.

What follows is an example of an analysis of one of Jay's behaviors by the multiple hypothesis method:

Why would Jay or any other 12-year-old walk up to the teacher and ask her questions or just talk to her? Could it be that Jay (+ = fact supporting hypothesis, - = fact refuting hypothesis):

1. Can't remember directions. +9/25
2. Has a crush on the teacher. +10/22, +3/8, +3/21, +3/30
3. Wants attention from the teacher. +10/22, +11/19, +2/2, +2/26
4. Has trouble reading and following directions. +10/15, +11/3, +2/5
5. Wants to avoid doing work. -10/22, -2/12

It appears that Jay walks up to the teacher and asks her questions because he wants attention from the teacher (3), has a crush on her (2) and/or has trouble reading and following directions (4). Thus, this process usually gives participants confidence about a number of the hypotheses tested and a summary sentence can state this. This task should be completed and shared with the group before the fifteenth or sixteenth meeting.

The case interpretive procedures usually lead to individual and group study of human development concepts and research through reading and discussing recommended articles and books from annotated bibliographies and/or materials made available to the group. University consultants visit each study group four times during the year to clarify procedures, to assist in the analysis of records, to share research findings and to assist the participants in their efforts to increase

their helpfulness to persons with mental retardation.

At the end of the first year, care givers complete the last procedural step which involves writing a summary of the case study record by answering the following questions:

1. What *developmental tasks* was the person working on during the year and how?
2. What personal and environmental adjustment problems does the person face?
3. What assets or strengths does the individual possess as a person or in his/her environment?
4. What aspects of life experiences have made noteworthy contributions to the person's attempts to learn and resolve various developmental tasks and adjustment problems?
5. What more might care givers do, or not do, or do differently to facilitate optimum development of the case study subject?

Three or four meetings should be scheduled for the summary work so that time is provided for sharing the case study findings for the benefit of all participants. When the case study activities are completed, the case study records are surrendered (as part of the necessary code of ethics governing the work) either to the local coordinator or to The University of Dayton if university credit is involved. In any case, someone must assume responsibility for safeguarding the case study records.

Effects of Case Study Activities

Some effects of case study activities on care givers include: (1) improved ability to objectively record and interpret behavioral

materials; (2) withholding judgments about behavior when evidence is lacking; (3) taking care to substantiate statements about behavior with evidence; (4) willingness to seek to discover the meaningfulness and/or function of behavioral patterns; and (5) knowledge and appreciation of what persons with mental retardation are up against in their lives.

Other Benefits of Case Study Activities

Care givers benefit from case study activities in the following ways (See also Table 1, page 11):

1. Care givers gain greater understanding of the persons with mental retardation with whom they work.
2. Improved programmatic decisions are made by care staff.
3. Professional relationships improve among care givers and other professionals in facility and program settings.
4. There is increased respect and improved interpersonal relationships between persons with mental retardation and care givers.
5. Become aware of different views of human behavior.
6. Use scientific methods in exploring the causes of behavior.
7. Work cooperatively with other care givers and professionals on problems that normally occur in the lives of persons with mental retardation.
8. Identify ways in which care givers, facilties and programs can become more supportive in promoting the growth and development of persons with mental retardation.

In Sum, care givers can learn to see what life is like through the eyes of persons with mental retardation with whom they live and work.

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Table 1.--Case Study Participants Questionnaire*
(Applied to a School Setting)

Questionnaire Item	Mean Score 31 Respondents (1-7 Likert Scale)
As a result of my participation in the child study project:	
1. I have greater understanding of my students.	5.7
2. I have a clearer distinction between my judgment about pupils and descriptions of their behavior.	5.4
3. I am better able to judge now the impact of my curriculum on my pupils.	4.8
4. When I am having difficulty in helping one of my pupils learn, I am more likely to talk over proposed solutions with another teacher than was the case before the program began.	4.8
5. I am more aware of the development tasks that my youngsters are working on.	5.6
6. I have greater understanding that all behavior is caused; the causes are multiple, complex, and interrelated.	5.9
7. I am aware of ways in which the school can be more helpful to students.	5.2
8. Relationships with my pupils have improved (even though they were good before the project began).	5.4
9. I have a framework that permits me to better aid students work on legitimate developmental tasks.	5.3
10. I take pleasure in working cooperatively with other teachers and professional educators on problems that occur in the classroom.	6.5

* The mean score for each item is given with a score of "7" being "Thoroughly Agree" and "1" being "Thoroughly Disagree."

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